

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001329

1. Corporation Name
FLORIDA WILDLIFE CARE, INC.

Principal Place of Business: P O BOX 1644 GAINESVILLE FL 32602-1644
Mailing Address: P O BOX 1644 GAINESVILLE FL 32602-1644



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FEI Number
23	City & State	27	City & State	5	Certificate of Status Desired
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution
25	Country	29	Country		
30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, KRISTIN T 317 S.E. 51ST STREET GAINESVILLE FL 32601		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VTD
NAME	WILLIAMS, KRISTIN	12 NAME	Meredith Brechtel
STREET ADDRESS	317 SE 51 ST	13 STREET ADDRESS	4805 SW 19th St
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville FL
TITLE	D	21 TITLE	DS
NAME	HANBERRY, SUSAN	22 NAME	Audrey Holt
STREET ADDRESS	P.O. BOX 1104 N/A	23 STREET ADDRESS	430 SE 75th St
CITY-ST-ZIP	MELROSE FL	24 CITY-ST-ZIP	Gainesville FL 32641
TITLE	SD	31 TITLE	SD
NAME	SMITH, LORRIE	32 NAME	Kelly Wilcker
STREET ADDRESS	11704 NE 4TH AVE	33 STREET ADDRESS	2930 SW 23rd Terr. #1103
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville FL 32608
TITLE	CD	41 TITLE	
NAME	STRAUB, LESLIE	42 NAME	
STREET ADDRESS	2284 NW 34TH PL	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	DA	51 TITLE	
NAME	BEEHLER, LYNNE	52 NAME	
STREET ADDRESS	4610 NW 35TH RD	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	
TITLE	DAL	61 TITLE	
NAME	KANDY, ROCA	62 NAME	
STREET ADDRESS	307 NW 39TH TERRACE	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Meredith Brechtel Meredith Brechtel 2/20/99 (352) 371-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011065

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